

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90087 028 ***150.00

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1. Entity Name
AFFILIATED GLOBAL ASSOCIATES, INC



Principal Place of Business
**1532 US 41 BY-PASS S., #288
VENICE, FL 34293-1032 US**

Mailing Address
**P.O. BOX 15 047
SARASOTA, FL 34277 - US**

2. Principal Place of Business

3. Mailing Address

1532 US41 BY-PASS S,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

288

City & State

City & State

VENICE, FLORIDA

Zip

Country

Zip

Country

34-293 -1032

USA

03152005

Chg-P

CR2E034 (10/03)

4. FEI Number

57-1135476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOSSON, REX L
1532 US 41 BY-PASS S., #288
VENICE, FL 34293-1032**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DIR** ☐ Delete
NAME **BOSSON, REX L**
STREET ADDRESS **112 SANDY HOOK ROAD, SOUTH**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **P** ☐ Delete
NAME **BOSSON, REX L**
STREET ADDRESS **112 SANDY HOOK ROAD, SOUTH**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIR** ☒ Change ☐ Addition
NAME **BOSSON REX L**
STREET ADDRESS **1532 US41 BY-PASS S., # 288**
CITY-ST-ZIP **VENICE FLORIDA 34293-1032**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BOSSON REX L**
STREET ADDRESS **1532 US41 BY-PASS S., # 288**
CITY-ST-ZIP **VENICE, FLORIDA 34293-1032**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rex L Bosson (Director)

Date

March 15/05

Daytime Phone #

941-544-7763